Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

### Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMD2110 SPousal Accident SERFF Tr Num: AFDL-126463664 State: Arkansas

Only Disability Income Rider

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-State Tr Num: 45096

Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: AMD2110 State Status: Approved-Closed

Long Term

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Lisa Blaich, Tina Crooks, Disposition Date: 03/08/2010

Joelle Harbour

Date Submitted: 03/03/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: AMD2110 Cross Divisional Rider Status of Filing in Domicile:

Project Number: AMD2110 Date Approved in Domicile: 12/15/2009

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Overall Rate Impact: Group Market Type: Employer, Association,

Trust

Filing Status Changed: 03/08/2010 Explanation for Other Group Market Type:

State Status Changed: 03/08/2010

Deemer Date: Created By: Joelle Harbour

Submitted By: Joelle Harbour Corresponding Filing Tracking Number:

AMD2110

Filing Description:

Submitted for your review is amendment rider AMD2110, Spousal Accident Only Disability Income Rider. This optional rider will be used with all approved group disability income policies. Domiciliary state approval was granted on December.

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

Amendment rider AMD2110 will provide a monthly benefit if the insured's spouse is unable to work due to an injury received as the result of an accident as defined in the rider. The spouse must be employed on a fulltime basis when the rider is applied for, issued, and at the time of the accident. The benefit is paid directly to the insured.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of the state of Arkansas and such forms contain no provisions previously disapproved by the Department. The Flesch score is 50.

Thank you for your assistance in this matter. If you have any questions, please contact me at 1-800-654-8489, extension 5997 or at Joelle.Harbour@af-group.com.

## **Company and Contact**

#### Filing Contact Information

Joelle Harbour, Compliance Analyst I joelle.harbour@af-group.com

2000 N Classen Blvd 405-523-5997 [Phone]

Oklahoma City, OK 73106

#### **Filing Company Information**

American Fidelity Assurance Company CoCode: 60410 State of Domicile: Oklahoma

2000 North Classen BlvdGroup Code:Company Type: LAHOklahoma City, OK 73106Group Name:State ID Number:

(405) 523-2000 ext. [Phone] FEIN Number: 73-0714500

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## **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

American Fidelity Assurance Company \$50.00 03/03/2010 34586959

 SERFF Tracking Number:
 AFDL-126463664
 State:
 Arkansas

 Filing Company:
 American Fidelity Assurance Company
 State Tracking Number:
 45096

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

## **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	03/08/2010	03/08/2010

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

### **Disposition**

Disposition Date: 03/08/2010

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 AFDL-126463664
 State:
 Arkansas

 Filing Company:
 American Fidelity Assurance Company
 State Tracking Number:
 45096

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

Schedule Item Schedule Item Status Public Access

Supporting DocumentFlesch CertificationApproved-ClosedYesSupporting DocumentApplicationApproved-ClosedYesFormGroup Spousal Accident Only DisabilityApproved-ClosedYes

Income Rider

 SERFF Tracking Number:
 AFDL-126463664
 State:
 Arkansas

 Filing Company:
 American Fidelity Assurance Company
 State Tracking Number:
 45096

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

#### Form Schedule

**Lead Form Number: AMD2110** 

Schedule	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
Approved-	AMD2110	Certificate	Group Spousal	Initial		50.000	AMD2110.pdf
Closed		Amendmer	Accident Only				
03/08/2010		t, Insert	Disability Income				
		Page,	Rider				
		Endorseme	)				
		nt or Rider					

2000 N. Classen Boulevard

Oklahoma City, OK 73106

Effective Date:	
(If different fr	om the Policy or Certificate

#### SPOUSAL ACCIDENT ONLY DISABILITY INCOME RIDER

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

You or Your as used throughout shall mean the Insured or the Insured's. We, Us, Our shall mean the Company.

#### RIDER SCHEDULE

**MONTHLY BENEFIT AMOUNT:** [\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000]

**ELIMINATION PERIOD:** 30 consecutive days

MAXIMUM BENEFIT PERIOD: 2 years

#### **RIDER DEFINITIONS**

**DISABILITY (or Disabled)** means due to an Injury Your Spouse is not working and is unable to perform the material and substantial duties of his or her occupation.

**ELIMINATION PERIOD** means the number of consecutive days listed in the Rider Schedule for which Your Spouse must be Disabled before he or she is eligible to begin receiving a Monthly Benefit. No benefits are payable during this period.

**FULL TIME EMPLOYMENT (or Full Time)** means Your Spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours Your Spouse is working while self-employed.

**INJURY** means physical harm or damage to the body sustained by Your Spouse which:

- (a) results directly from an accidental bodily injury;
- (b) is independent of disease or bodily infirmity; and
- (c) takes place while this rider is in force.

**MAXIMUM BENEFIT PERIOD** means the Maximum Benefit Period listed in the Rider Schedule for which a Monthly Benefit will be paid for any one period of Disability or Successive Disability.

MONTHLY BENEFIT means the benefit amount listed in the Rider Schedule.

#### **REGULAR AND APPROPRIATE CARE** means:

- (a) Your Spouse personally visits a Physician as frequently as medically required, according to standard medical practice, to effectively manage and treat Your Spouse's disabling condition(s); and
- (b) Your Spouse is receiving appropriate treatment and care for his or her disabling condition(s), which conforms with standard medical practice, by a Physician whose specialty or experience is the most appropriate for such disabling condition(s), according to standard medical practice.

AMD2110 Page 1 of 3

**SPOUSE** means the person You are lawfully married to who is less than age 70. ["Spouse" will include Your domestic partner as defined by state or federal law.]

**SUCCESSIVE DISABILITIES** are those Disabilities which result from the same or related causes for which Your Spouse's benefits are payable under this Rider and will be considered one period of Disability unless the Disabilities are separated by at least 90 consecutive days.

A Disability due to a different or unrelated cause will be considered a new period of Disability.

Any Disability which begins after termination of this Rider and/or the Policy to which it is attached:

- (a) will not be considered a Successive Disability; and
- (b) will not be covered under this Rider.

#### **ELIGIBILITY AND EFFECTIVE DATE**

Coverage under this Rider will begin on the later of the requested Effective Date or the date We approve the written application, provided that:

#### Your Spouse:

- (a) has no other group disability income coverage in force;
- (b) is less than age 70;
- (c) is engaged in Full Time Employment on the date this Rider becomes effective; and
- (d) is able to perform the material and substantial duties of his or her occupation on the date this Rider becomes effective,

#### and;

- (a) Your coverage under the Policy is in force and You are on Active Employment; and
- (b) the required premium has been paid.

#### **BENEFITS**

The Monthly Benefit amount listed in the Rider Schedule will be paid to You if:

- (a) Your Spouse is Disabled due to a covered Injury that occurs while this Rider is in force;
- (b) Your Spouse's Disability begins within 90 days of the covered Injury:
- (c) Your Spouse has satisfied the Elimination Period stated in the Rider Schedule; and
- (d) Your Spouse becomes Disabled while this Rider is in force.

Benefits for Your Spouse will be provided for each period, up to the Maximum Benefit Period, that Your Spouse remains Disabled due to a covered Injury and under the Regular and Appropriate Care of a Physician which continues beyond the Elimination Period. We will require proof of Your Spouse's employment. We will also require proof of Your Spouse's continuing Disability.

Monthly Benefits will be provided for only one Disability when:

- (a) more than one Disability exists at the same time: or
- (b) a Disability results from two or more causes.

Disability will be considered to have begun on the date Your Spouse was seen and treated by a Physician following continuous cessation of work.

If any Disability Benefit is to be paid for less than a full month, the amount of benefit will be reduced pro rata on the basis that one day's benefit equals one-thirtieth (1/30) the Disability Benefit.

#### **LIMITATIONS AND EXCLUSIONS**

This Rider does not provide benefits for Your Spouse for any Disability, fatal or non-fatal, which results from any of the following:

- (a) Intentionally self-inflicted Injury while sane or insane.
- (b) An act of war, declared or undeclared.
- (c) Injury sustained or contracted while in the service of the armed forces of any country.
- (d) Committing a felony.
- (e) Penal incarceration. We will not pay benefits during any period for which Your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while Your Spouse is incarcerated in a penal or correctional institution.
- (f) Injury arising out of and the course of any occupation for wage or profit or for which Your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which Your Spouse is entitled to Workers' Compensation benefits.
- (g) Participation in any sport for wage or profit.
- (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

No benefits are payable for Your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories.

No benefit will be provided for any period in which Your Spouse is not under the Regular and Appropriate Care of a Physician.

No benefits will be paid to You for any Injury to Your Spouse which is caused by or resulting from spousal abuse.

#### **TERMINATION OF RIDER**

Your Spouse's coverage under this Rider will end on the earliest of:

- (a) the date the Certificate to which this Rider is attached terminates; or
- (b) the end of the last period for which premium payment has been made to Us; or
- (c) the date You notify Us in writing to terminate coverage; or
- (d) the date Your Spouse no longer meets the Eligibility requirements as stated in this Rider; or
- (e) the date which a divorce, annulment, or legal separation is obtained; or
- (f) the end of the month following Your Spouse's 70th birthday; or
- (g) the date Your Spouse dies; or
- (h) the date this Rider is discontinued; or
- (i) the date the Policy is discontinued.

This Rider is subject to all the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.

Secretary

Page 3 of 3

Company Tracking Number: AMD2110

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: AMD2110 SPousal Accident Only Disability Income Rider

Project Name/Number: AMD2110 Cross Divisional Rider/AMD2110

### **Supporting Document Schedules**

Item Status: Status

Date:

Satisfied - Item: Flesch Certification Approved-Closed 03/08/2010

Comments:

Attachment:

AMD2110\_Certification\_AR.pdf

Item Status: Status

Date:

Satisfied - Item: Application Approved-Closed 03/08/2010

**Comments:** 

A1264 group application was approved in Arkansas on October 30, 2009.

Attachment:

A1264.pdf



2000 N. Classen Boulevard, Oklahoma Cily, Oklahoma 73125

## CERTIFICATION ARKANSAS

This is to certify that the attached group hospital indemnity product, Form Number: AMD2110, compiles with the requirements of:

Arkansas Rule & Regulation 19

Arkansas Rule & Regulation 49

ACA 23-80-206

ACA 23-79-138

John Laure
Signature
John Lanier
Name
Vice President
Title
03/01/2010
Dale

## GROUP APPLICATION

# AMERICAN FIDELITY ASSURANCE COMPANY 2000 N. Classen Blvd Oklahoma City, Oklahoma 73106

1. PROPOSED INSURED Last Name INFORMATION:				First N	ame	Full Middle Name			Suffix		
Age [	Date of E Mo Day	3irth	М	Se	ex F 🔲	Soc Sec Number	er Reques Mo Day	ted Eff Date Yr	Date of En		t
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City State Zip Country of Citizenship											
Mailing Address (if different than Residence)  City  State  Zip									ip		
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Applicant'											
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GROUP APPLICATION

# AMERICAN FIDELITY ASSURANCE COMPANY 2000 N. Classen Blvd Oklahoma City, Oklahoma 73106

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PROPOSED INSURED'S NAME:							
<ul><li>HEALTH HISTORY:</li><li>7. Within the past 5 years, have you received a diagnosis, taken medication and/or had treatment by a member of the medical profession for any of the following:</li></ul>							
Cancer (other than basal or squamous cell skin cancer), heart and/or circulatory disorder, peripheral vascular disease (PVD), stroke or transient ischemic attack, liver or kidney disorder/disease (excluding stones), pulmonary disease, diabetes requiring insulin, rheumatoid arthritis, epilepsy, ulcerative colitis, Crohn's disease, organ transplant, systemic lupus erythematosus, disorder of blood cells or blood clotting disorder, seizures, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV), Chronic Fatigue Syndrome (CFS), fibromyalgia, alcohol or drug addiction or abuse, or neurological disorder (excluding headaches or migraines).	Yes ☐ No ☐						
8. Within the past 12 months, have you:							
Received advice from a medical provider, taken medication, incurred an expense, undergone tests, or received treatment (including, but not limited to, spinal manipulation, physical therapy, or counseling) for a condition related to: (a) your back, neck or spine; (b) a mental or nervous condition; or (c) had surgery recommended that has not yet been performed or received a referral for surgery consultation?	Yes 🗌 No 🗌						
9. Are you currently pregnant?	Yes 🗌 No 🗌						
10. I hereby certify that I have read the above statements and all of the medical conditions or they have been read to me. I also understand that additional investigation could occur at time of claim and any misrepresentation contained herein relied on by the Company may be used to reduce or deny a claim and/or void the coverage if such misrepresentation materially affects the acceptance of the risk.							
(Please in	itial):						